

## PART B - FEE(S) TRANSMITTAL

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7590 11/12/2003

Sherry M Knowles  
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Tisha Hardrick

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/690,353	10/16/2000	Douglas A. Collins	COP1003	2345

TITLE OF INVENTION: COBALAMIN CONJUGATES USEFUL AS IMAGING AND THERAPEUTIC AGENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	02/12/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
JONES, DAMERON LEVEST	1616	424-001690

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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Mayo Foundation for Medical Education and Research  
Regents of the University of Minnesota

Rochester, Minnesota  
Minneapolis, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

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A check in the amount of the fee(s) is enclosed.

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(Date)

*Madeline Johnson February 12, 2004*

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02/19/2004 HLE444 00000047 110980 09690353

01 FC:2501	665.00	OP
02 FC:1504	300.00	DA
03 FC:8001	15.00	DA

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